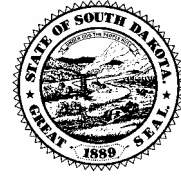


SOUTH DAKOTA
DEPARTMENT
OF HEALTH



PUBLIC HEALTH BULLETIN

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In this issue: 2004-2005 Influenza Vaccine Supply
Selected morbidity report, January - October 2003

Childhood Immunization Schedule Updated

There is a new and updated Recommended Childhood Immunization Schedule for July-December 2004. The childhood and adolescent immunization schedule for **July–December 2004 differs from the previous schedule in the following ways:**

- The range of recommendations for influenza vaccine for children aged 6-23 months has been moved above the dotted red line, indicating that annual vaccination is routinely recommended for these children, rather than merely encouraged, as in past schedules.
- The influenza vaccine footnote has been updated to include the recommendation that healthy children aged 6-23 months and close contacts of healthy children aged 0-23 months receive influenza vaccine because children in this age group are at substantially increased risk for influenza related hospitalizations.
- The influenza vaccine footnote has been updated to highlight the recommendation that health-care workers and other persons (including household members) in close contact with persons in groups at high risk be vaccinated annually.

The new schedule is reprinted on the following pages and is also available on the web at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5316-Immunizational.htm>

2004-2005 Influenza Vaccine Supply, Production and Distribution

Influenza vaccine supply and production

Vaccine production is on schedule, and no delays are anticipated, according to the Food and Drug Administration (FDA) and vaccine manufacturers. However, it is still early in the manufacturing process, and issues can arise. The Influenza Bulletin provides regular updates on the status of vaccine production and can be located on-line at the following address:

www.cdc.gov/flu/professionals/flubullein.htm. The three manufacturers of influenza vaccine anticipate total influenza vaccine production of between 90 and 100 million doses.

Place orders for influenza vaccine

In order to ensure the availability of influenza vaccine for administration in the fall of 2004, healthcare providers should order supplies of influenza vaccine now if orders have not been placed. Last year, cases of influenza began to appear in October with widespread activity in November and December. Because increased demand for vaccine is anticipated, healthcare providers who care for Medicare beneficiaries and others at high risk for complications from influenza must prepare for the upcoming influenza season immediately. Additional information on sources of vaccine can found at: www.hidanetwork.com/govtreations/flulink.asp. This is a service provided by the Health Distributors Association.

NOTE: The April 30, 2004 Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP) is reprinted beginning on the following pages. Due to space limitations, the complete bibliography is not included but is available upon request from the South Dakota Department of Health, Office of Disease Prevention, at 605-773-37337. The complete document is also available on the Centers for Disease Control and Prevention web site at www.cdc.gov/mmwr/pdf/rr/rr53e430.pdf.

| South Dakota Department of Health - Infectious Disease Surveillance | | | | |
|--|--|-------------------|---------------|----------------|
| Selected Morbidity Report, 1 January – 30 May 2004 (provisional numbers) | | | | |
| | Disease | 2004 year-to-date | 5-year median | Percent change |
| Vaccine-Preventable Diseases | Diphtheria | 0 | 0 | na |
| | Tetanus | 0 | 0 | na |
| | Pertussis | 7 | 2 | +250% |
| | Poliomyelitis | 0 | 0 | na |
| | Measles | 0 | 0 | na |
| | Mumps | 0 | 0 | na |
| | Rubella | 0 | 0 | na |
| | <i>Haemophilus influenza</i> type b | 0 | 0 | na |
| Sexually Transmitted Infections and Blood-borne Diseases | HIV infection | 9 | 12 | -25% |
| | Hepatitis B | 0 | 0 | na |
| | Chlamydia | 1032 | 764 | +35% |
| | Gonorrhea | 105 | 99 | +6% |
| | Genital Herpes | 156 | 133 | +17% |
| | Syphilis, primary & secondary | 0 | 0 | na |
| Tuberculosis | Tuberculosis | 4 | 9 | -56% |
| Invasive Bacterial Diseases | <i>Neisseria meningitidis</i> | 1 | 4 | -75% |
| | Invasive Group A <i>Streptococcus</i> | 8 | 9 | -11% |
| Enteric Diseases | <i>E. coli</i> O157:H7 | 3 | 5 | -40% |
| | Campylobacteriosis | 41 | 40 | +3% |
| | Salmonellosis | 25 | 32 | -22% |
| | Shigellosis | 6 | 9 | -33% |
| | Giardiasis | 22 | 29 | -24% |
| | Cryptosporidiosis | 11 | 5 | +120% |
| | Hepatitis A | 2 | 1 | +100% |
| Vector-borne Diseases | Animal Rabies | 44 | 48 | -8% |
| | Tularemia | 0 | 3 | -100% |
| | Rocky Mountain Spotted Fever | 0 | 1 | -100% |
| | Malaria (imported) | 1 | 0 | na |
| | Hantavirus Pulmonary Syndrome | 1 | 0 | na |
| | Lyme disease | 0 | 0 | na |
| | West Nile Virus disease | 1 | 0 | na |
| Other Diseases | <i>Streptococcus pneumoniae</i> , drug-resistant | 2 | 1 | +100% |
| | Legionellosis | 1 | 1 | +0% |
| | Additionally, the following diseases were reported: Bacterial Meningitis, non-meningococcal (12), Chicken pox (43), Invasive Group B <i>Streptococcus</i> (7), <i>Streptococcal</i> Toxic Shock Syndrome (1); MRSA, invasive (13). | | | |

Communicable diseases are obligatorily reportable by physicians, hospitals, laboratories, and institutions.

The **Reportable Diseases List** is found at www.state.sd.us/doh/Disease/report.htm or upon request.

Diseases are reportable by telephone, mail, fax, courier, or online.

Telephones: 24 hour answering device 1-800-592-1804; for a live person at any time call 1-800-592-1861; after hours emergency 605-280-4810.

Fax 605-773-5509.

Mail in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, marked "Confidential Medical Report".

Online: Via secure website, www.state.sd.us/doh/diseasereport